

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		2			
TOTAL DEP.	11	↓	21	↓		↓
TOTAL CLAIMS	13		23			

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TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

BEST AVAILABLE COPY